Introduction to the National CLAS Standards

Maryland Office of Minority Health and Health Disparities

Virginia Office of Minority Health and Health Equity

April 24, 2014

Session Overview

- Background on Racial and Ethnic Health Disparities

- Introduction to the National CLAS Standards

- Ethical, Business, and Legal Case for CLAS Standards

- Framework for CLAS Standards Implementation

- Examples of CLAS in Public Health Agencies

- Questions and Feedback

- Closing

What are health disparities?

Disparities in health refer to differences between two or more population groups in health outcomes and in the prevalence, incidence, or burden of disease, disability, injury or death.

Disparities in health care refer to the differences between two or more population groups in health care access, coverage, and quality of care, including differences in preventive, diagnostic, and treatment services.

(Congressional Black Caucus Foundation Health Brain Trust)

In particular, we focus on……

Avoidable differences in health that result from cumulative social disadvantage.

(Adapted from The Connecticut Multicultural Health Partnership. Faces of Disparity. http://www.ctmhp.org)

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… But what causes health disparities??

□ Inequities in the social determinants of health?

□ Environmental risk factors?

□ Institutional factors?

□ Provider factors?

□ Patient factors?

Sources: (1) Smedly BD et al. *Unequal Treatment*: Confronting Racial and Ethnic Disparities in Health Care. Institute of Medicine, 2002. (2) AMA. *Health Disparities*. Presentation, 2007. http://www.ama-assn.org/resources/doc/mss/ph_disparities_pres.pdf

Are We Seeing Progress?

According to the latest HHS/AHRQ **National Healthcare Disparities Report** (2012),

1) Health care quality and access are suboptimal, especially for minority and low-income groups.

2) Overall quality is improving, access is getting worse, and disparities are not changing.

3) Urgent attention is warranted to ensure continued improvements in:

- Quality of diabetes care, maternal and child health care, and adverse events.
- Disparities in cancer care.
- Quality of care among states in the South.

Health Disparities: **What Can Health Care Providers and Organizations Do??**

Focus on providing Culturally and Linguistically Appropriate Services (CLAS) -

Services that are respectful of and responsive to individual cultural health beliefs and practices, preferred languages, health literacy levels, and communication needs and employed by all members of an organization (regardless of size) at every point of contact.

7

Introduction to the CLAS Standards

What are the National CLAS Standards?

- The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care
- First published by the HHS Office of Minority Health in 2000
- Provided a framework for organizations to best serve the nation's diverse communities
- Underwent an Enhancement Initiative from 2010 to 2013
- Launched the enhanced CLAS Standards in April 2013

What is the purpose of the enhanced National CLAS Standards?

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to implement and provide culturally and linguistically appropriate services.

Source: https://www.thinkculturalhealth.hhs.gov/Content/clas.asp

What was enhanced in the National CLAS Standards?

2000 Standards	2013 Standards
Goal: to decrease health care disparities and make practices more culturally and linguistically appropriate	**Goal: to advance health equity, improve quality and help eliminate health and health care disparities.**
"Culture": racial, ethnic and linguistic groups	**"Culture": racial, ethnic and linguistic groups, as well as geographical, religious and spiritual, biological and sociological characteristics**
Audience: health care organizations	**Audience: health and health care organizations**
Implicit definition of health	**Explicit definition of health to include physical, mental, social, and spiritual well-being**
Recipients: patients and consumers	**Recipients: individuals and groups**

What are the enhanced National CLAS Standards?

Standard 1

Principal Standard

Standards 2-4

Governance, Leadership & Workforce

Standards 5-8

Communication & Language

Standards 9-15

Engagement, Continuous Improvement & Accountability

What are the enhanced National CLAS Standards?

Principle Standard:	1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.
Governance, Leadership, and Workforce:	2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources. 3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area. 4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Source: https://www.thinkculturalhealth.hhs.gov/Content/clas.asp

What are the enhanced National CLAS Standards?

Communication and Language Assistance:	5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
	6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
	7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
	8. Provide easy-to-understand print & multimedia materials and signage in the languages commonly used by the populations in the service area.

Source: https://www.thinkculturalhealth.hhs.gov/Content/clas.asp

What are the enhanced National CLAS Standards?

Engagement, Continuous Improvement, and Accountability:	9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations. 10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities. 11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery. 12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.

Source: https://www.thinkculturalhealth.hhs.gov/Content/clas.asp

What are the enhanced National CLAS Standards?

Engagement, Continuous Improvement, and Accountability:	13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness. 14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints. 15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

Source: https://www.thinkculturalhealth.hhs.gov/Content/clas.asp

Making the case for CLAS

Ethical & Social Case

Minority Health and
Health Disparities

Potential for the following benefits:

- ❑ Facilitates increased access and quality of care for culturally diverse clients
- ❑ Increases community participation and involvement in health issues
- ❑ Promotes inclusion of all community members
- ❑ Increases mutual respect, trust and understanding
- ❑ Promotes client and family responsibilities for health
- ❑ Increases preventive care-seeking behavior by clients

Source: Institute for Diversity in Health Management and the Health Research & Educational Trust. *Becoming a culturally competent health care organization.* *(2013)* http://www.hpoe.org/Reports-HPOE/becoming_culturally_competent_health_care_organization.PDF

Business Case

Potential for the following benefits:

- ☐ Improves patient/client data collection
- ☐ Reduces care disparities in the patient/client population
- ☐ Improves patient safety
- ☐ Increases cost savings (↓ number of patient treatments; ↓ hospital LOS; ↓ number of medical errors)
- ☐ Reduces avoidable 30-day hospital readmissions
- ☐ Improves efficiency of care and services by decreasing barriers that slow progress
- ☐ Improves client satisfaction and self-reported QOC
- ☐ Promotes positive public perception of organization
- ☐ Incorporates different perspectives, ideas and strategies into the decision-making process
- ☐ Complies with accreditation standards (i.e., PHAB)

Sources: Institute for Diversity in Health Management and the Health Research & Educational Trust. *Becoming a culturally competent health care organization.* *(2013)* http://www.hpoe.org/Reports-HPOE/becoming_culturally_competent_health_care_organization.PDF
Adelson BL. *Beyond the Right Thing to Do: The Legal Case for CLAS Implementation.* Webinar sponsored by Hopkins Center for Health Disparities Solutions (12/3/13).

Legal Case

Potential for the following benefits:

❑ Improves risk management
  ➢ Reduces risk of medical liability
    ▪ Reduces care disparities in the patient/client population and subsequent legal action
    ▪ Improves patient safety and reduces number of medical errors

❑ Reduces risk of sanctions and penalties
  ➢ Facilitates fulfillment of legal and regulatory guidelines
  ➢ Improves compliance with:
    ▪ Title VI of Civil Rights Act of 1964
    ▪ Americans with Disabilities Act
    ▪ Rehabilitation Act of 1973
    ▪ Patient Protection and Affordable Care Act of 2010
    ▪ State and Federal community benefit reporting and needs assessments

Sources: Institute for Diversity in Health Management and the Health Research & Educational Trust. *Becoming a culturally competent health care organization.* *(2013)* http://www.hpoe.org/Reports-HPOE/becoming_culturally_competent_health_care_organization.PDF ; Adelson BL. *Beyond the Right Thing to Do: The Legal Case for CLAS Implementation.* Webinar sponsored by Hopkins Center for Health Disparities Solutions (12/3/13).

U.S. Map of CLAS Legislation

■ Denotes legislation that was signed into law requiring (CA, CT, NJ, NM, OR, WA) or strongly recommending (MD) cultural competence training.

■ Denotes legislation that was referred to committee and/or is currently under consideration.

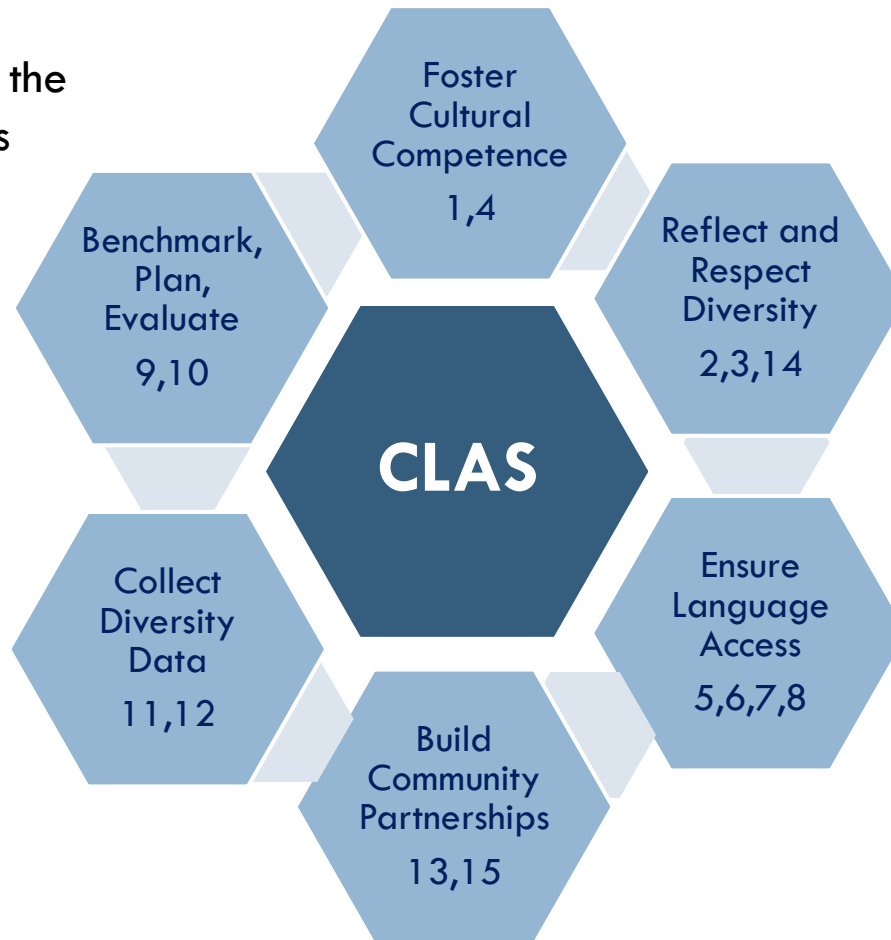□ Denotes legislation that died in committee or was vetoed.
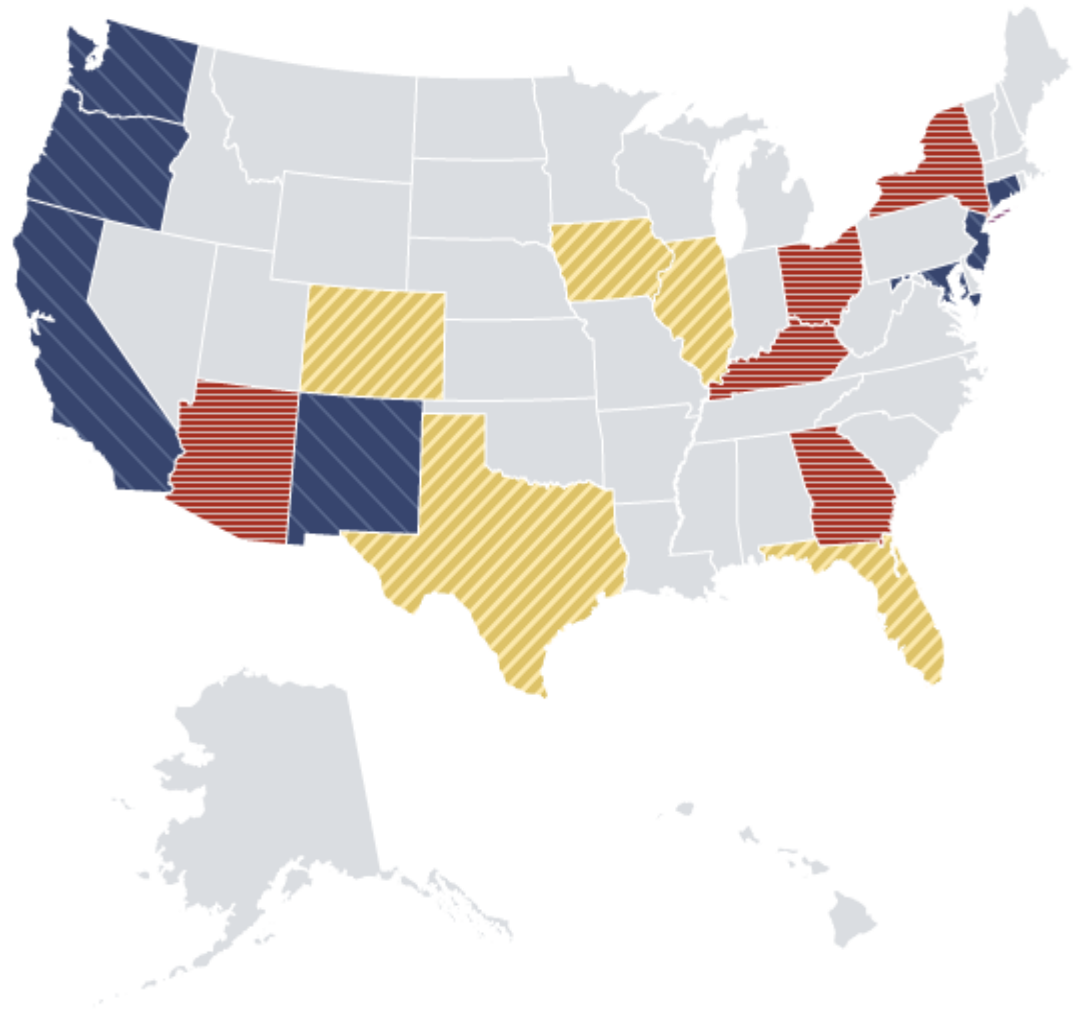
CLAS Standards Implementation

Implementation Framework: Six Areas for Action

Numbers represent the 15 CLAS Standards

- Foster Cultural Competence 1,4
- Reflect and Respect Diversity 2,3,14
- Benchmark, Plan, Evaluate 9,10
- CLAS
- Ensure Language Access 5,6,7,8
- Collect Diversity Data 11,12
- Build Community Partnerships 13,15

Adapted from "Making CLAS Happen", Massachusetts Department of Health
http://www.mass.gov/eohhs/gov/departments/dph/programs/admin/health-equity/clas/making-clas-happen.html

CLAS Implementation

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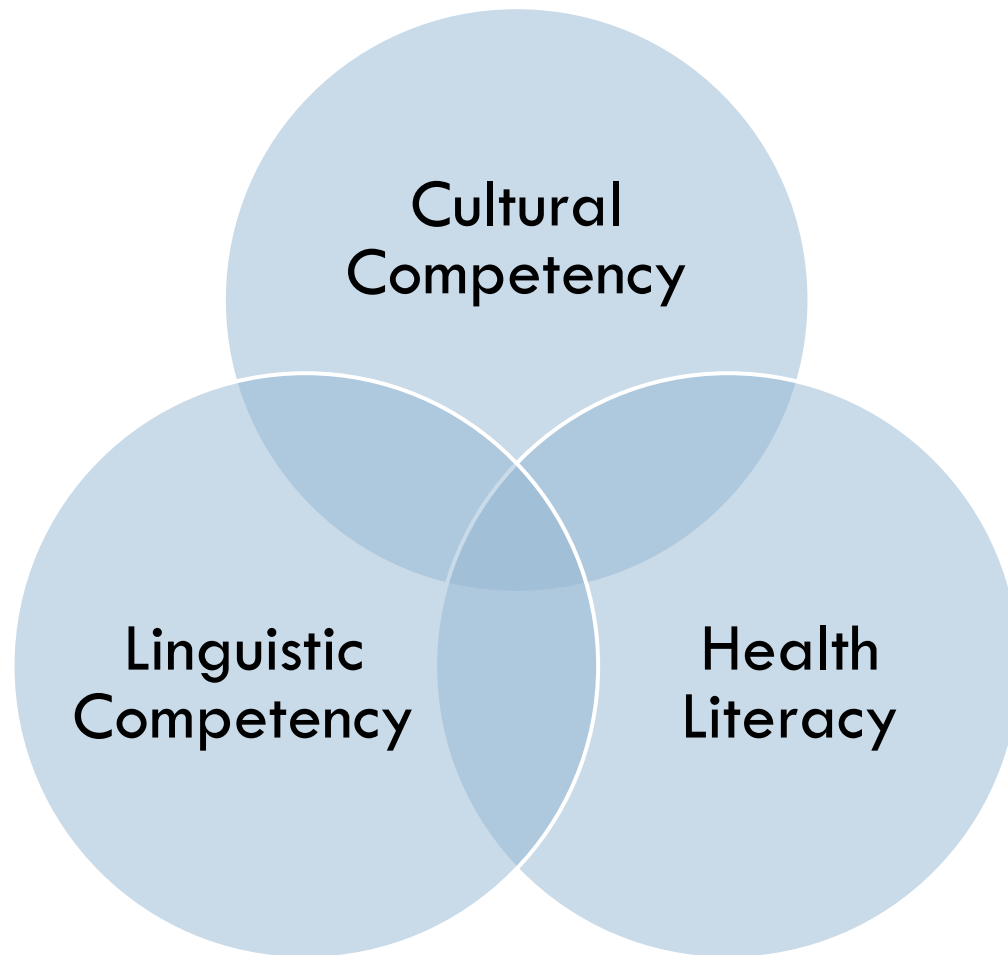# I. Fostering Cultural Competence

Fostering cultural competence:
- CLAS Standards

- **CLAS Standard #1:** Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

- **CLAS Standard #4:** Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Fostering cultural competence:

– Complementary Concepts

Cultural Competency

Linguistic Competency

Health Literacy

Fostering cultural competence:

– What is cultural competency?

❑ A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations (Source: http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=11)

❑ Cultural competency can be described as the ability of health organizations and professionals to:

   ❑ Recognize the cultural beliefs, values, attitudes, traditions, language preferences, and health practices of diverse populations

   ❑ Understand how these cultural factors interact with the biological, social, economic, and physical environment of an individual client or patient

   ❑ Apply this knowledge to produce a positive health outcome

   (Source: http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=11)

Fostering cultural competence:

– What is linguistic competency?

❑ The capacity to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, individuals with disabilities, and those who are deaf or hard of hearing

❑ Linguistic competency requires:

- Organizational and provider capacity to respond effectively to the health and mental health literacy needs of populations served.

- Organizational policies, structures, practices, procedures, and dedicated resources to support this capacity.

(Source: Goode & Jones (modified 2009). National Center for Cultural Competence, Georgetown University Center for Child & Human Development. http://nccc.georgetown.edu/foundations/frameworks.html#ccdefinition)

Fostering cultural competence:

– What is Health Literacy

The degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions

Take 3 times a day orally after meals but not with alcohol, dairy or caffeine.

???

Fostering cultural competence:
– Action Steps

- [**Step 1**](). Identify committed champions of cultural competency within the organization.

- [**Step 2**](). Embed a commitment to culturally competent care in the organization's goals, mission, and strategic plan.

- [**Step 3**](). Allocate organizational resources to educating senior leadership, staff, and volunteers.

- [**Step 4**](). Integrate cultural competency and CLAS into staff evaluations.

- [**Step 5**](). Regularly review and update organizational policies and practices to reflect the CLAS Standards.

CLAS Implementation

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II. Reflect and Respect Diversity
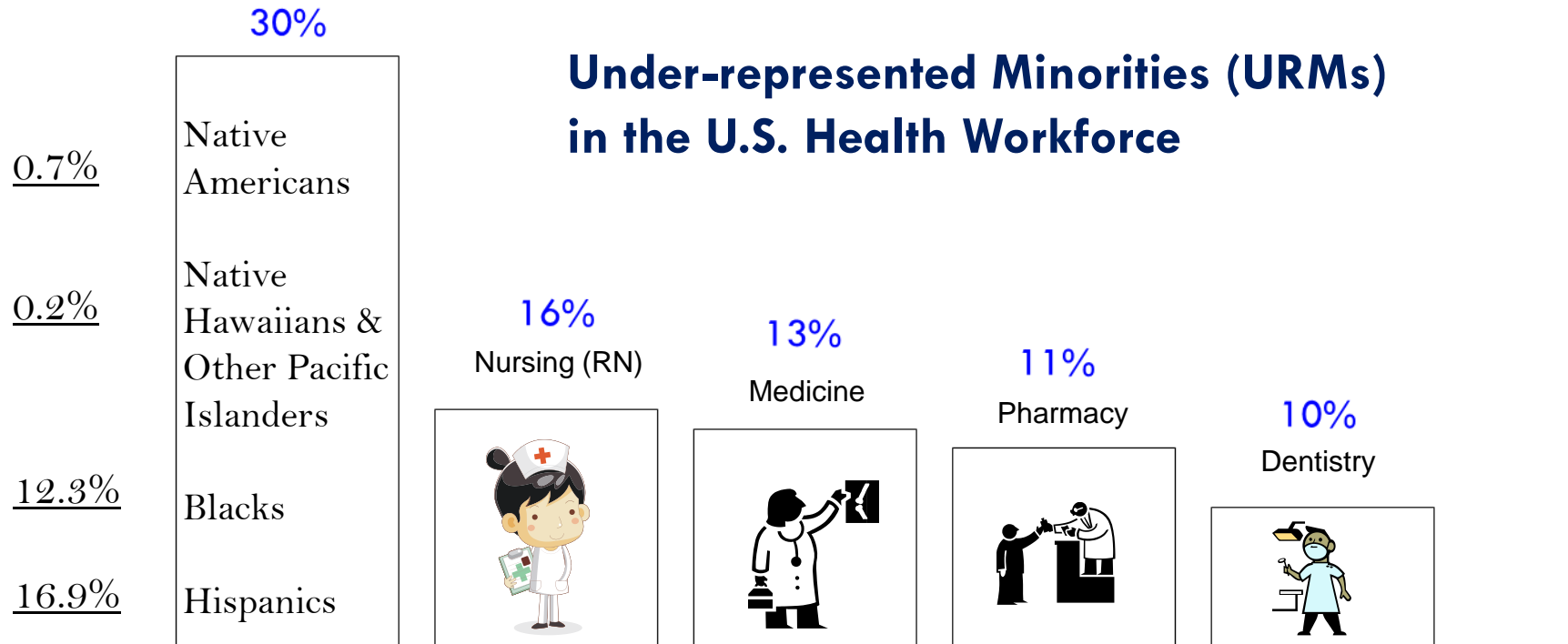
Reflect and Respect Diversity:
– CLAS Standards

- **CLAS Standard #2:** Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.

- **CLAS Standard #3:** Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.

- **CLAS Standard # 14:** Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.

Reflect and Respect Diversity:
– U.S. Health Workforce

Under-represented Minorities (URMs) in the U.S. Health Workforce

30%

0.7% — Native Americans

0.2% — Native Hawaiians & Other Pacific Islanders

12.3% — Blacks

16.9% — Hispanics

16% Nursing (RN)

13% Medicine

11% Pharmacy

10% Dentistry

URMs in the General Population

URMs in the Health Professions

Sources:
U.S. Bureau of Census, American Community Survey, 2012
HHS/HRSA, U.S. Health Workforce Chartbook, 2013

Reflect and Respect Diversity: – Action Steps

- **Step 1**. Implement recruitment, retention, and promotion policies for a workforce (staff and leadership) that reflects the diversity of the community being served.

- **Step 2**. Establish a conflict and grievance resolution process to respond to concerns from both patients and staff.

- **Step 3**. Provide cross-cultural communication and conflict resolution training.

- **Step 4**. Provide notice about the right to file grievances or to provide feedback.

- **Step 5**. Establish formal and informal methods to obtain and process feedback from patients and staff.

Case Study in Workforce Diversity: Henry Ford Health System, Detroit MI

- Leadership
  - Henry Ford Health System is governed by a 45-member board that mirrors the racial, ethnic and gender complexion of their community
- Strategic Priorities
  - The Office of Diversity Strategy carries out diversity plan through HR actions, community partnerships and purchasing practices.
- HR Practices
  - HR system alerts managers when a position is "underutilized" by minorities and advises managers how to tap into amore diverse talent pool.
  - Mentoring which focuses on high-performance racial and ethnic candidates
  - Financial incentives to underscore how it values reaching diversity goals and deliver the message to senior leaders that "doing the right thing" produces tangible rewards

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III. Ensure Language Access

Ensure Language Access:
– CLAS Standards

- **CLAS Standard #5:** Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.

- **CLAS Standard #6:** Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

- **CLAS Standard #7:** Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

- **CLAS Standard #8:** Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Ensure Language Access:

– Linguistic Diversity in Virginia

The top foreign languages spoken in households in Virginia are:

1. Spanish
2. Korean
3. Vietnamese
4. Chinese
5. African languages (multiple)

Source: Migration Policy Institute tabulations from the U.S. Census Bureau pooled data from 2009 – 2011 American Community Survey.

Ensure Language Access:
– Action Steps

☐ **Step 1. Assess the language needs and services within the community.**

☐ **Step 2. Develop a Communication and Language Assistance Plan.**

☐ **Step 3. Develop a standardized process for identifying and documenting patients' preferred language.**

☐ **Step 4. Provide training for staff (language services and medical interpreter training).**

☐ **Step 5. Notify patients of availability of communication and language assistance services.**

☐ **Step 6. Issue guidance to staff on use of "plain language".**

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IV. Build Community Partnerships

Build Community Partnerships:
– CLAS Standards

☐ **CLAS Standard #13:** Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.

☐ **CLAS Standard #15:** Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

Build Community Partnerships:
– Action Steps

- ☐ **<u>Step 1</u>. Partner with community organizations.**

- ☐ **<u>Step 2</u>. Engage community stakeholders and patients in planning, developing, and implementing services.**

- ☐ **<u>Step 3</u>. Develop opportunities for community capacity-building and empowerment.**

- ☐ **<u>Step 4</u>. Employ community health workers/ promotores de salud.**

- ☐ **<u>Step 5</u>. Share news of the organization's CLAS and cultural competency efforts.**

Case Study : Metta Health Center of Lowell Community Center, Lowell, MA

- **Partner with community organizations**
  - 10 community-based organizations have subcontracts with LCHC.
  - *Participating in community programs* and leasing space from the Cambodian Mutual Assistance Association.
  - *Creating significant partnerships* with the Massachusetts Alliance for Portuguese Speakers (MAPS), the African Assistance Center and the Latin American Health Institute.

- **Engage client participation**
  - LCHC maintains a *consumer-majority board of directors* that is representative of the diverse communities served.

- **Share cultural competence knowledge**
  - LCHC promotes health through a number of outreach programs including: health education, literacy training, support groups, exercise programs, cable TV and radio, and programs for seniors and youth.

CLAS Implementation

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V. Collect Diversity Data

Collect Diversity Data:
– CLAS Standards

- **CLAS Standard #11:** Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.

- **CLAS Standard #12:** Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.

- **CLAS Standard #15:** Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

Collect Diversity Data:
Sample Categories for Data Collection

Client Data
- Race
- Ethnicity
- Nationality
- Preferred spoken / written language
- Age
- Gender
- Sexual orientation / gender identity
- Income
- Education
- Informed of right to interpreter services
- Use of interpreter services
- Treatment history
- Medical history
- Client satisfaction
- Outcome data (service type, utilization, length of stay)

Staff Data
- Race
- Ethnicity
- Nationality
- Primary/preferred language
- Gender
- Records of cultural competency training participation and evaluations

Collect Diversity Data:
- Action Steps

46

- **Step 1. Collaborate with community in data collection, analysis, review, and reporting.**

- **Step 2. Standardize data collection process for self-reported demographic information.**

- **Step 3. Provide ongoing REL (race, ethnicity, language) data collection training for staff.**

- **Step 4. Conduct a community services assessment.**

- **Step 5. Link patient data with other types of community data.**

- **Step 6. Collect demographic data on organization's staff, managers, and senior executives; and monitor trends.**

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VI. Benchmark, Plan and Evaluate

Benchmark, Plan and Evaluate:
– CLAS Standards

- **CLAS Standard #9:** Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.

- **CLAS Standard #10:** Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.

Benchmark, Plan and Evaluate:
CLAS Planning Worksheet

GOALS					
Foster Cultural Competence	Build Community Partnerships	Collect Diversity Data	Benchmark: Plan and Evaluate	Reflect and Respect Diversity	Ensure Language Access
OBJECTIVES					
1. **Understand** the need for cultural competence. 2. **Develop** cultural competence. 3. **Deliver** culturally competent services. 4. **Train** staff on cultural competence.	1. **Partner** with community organizations. 2. **Involve** the community. 3. **Engage** client participation. 4. **Share** cultural competence knowledge.	1. **Identify** key populations. 2. **Standardize** REL data collection. 3. **Integrate** data collection into frameworks. 4. **Assess** needs and areas for improvement. 5. **Share** relevant data with the community.	1. **Appoint** a cultural competence committee. 2. **Assess** cultural competence. 3. **Frame** CLAS within vision and goals. 4. **Plan.** 5. **Evaluate** progress. 6. **Benchmark.**	1. **Reflect** diversity. 2. **Recruit** diverse employees. 3. **Retain** and promote diverse employees. 4. **Respond** to concerns through culturally competent process. 5. **Resolve** and prevent cross cultural conflicts.	1. **Identify** LEP clients. 2. **Assess** services and language needs. 3. **Plan.** 4. **Deliver** effective language access services. 5. **Adapt** LEP programs regularly.

From "Making CLAS Happen", Massachusetts Department of Health
http://www.mass.gov/eohhs/gov/departments/dph/programs/admin/health-equity/clas/making-clas-happen.html

Benchmark, Plan and Evaluate:
– Action Steps

- **Step 1. Identify "champions" and appoint a Cultural Competence Committee.**

- **Step 2. Conduct an organizational assessment and ongoing re-assessments.**

- **Step 3. Integrate CLAS into organizational strategic planning and set benchmarks.**

- **Step 4. Ensure sufficient fiscal and human resources to support implementation of CLAS.**

- **Step 5. Involve community/patients in monitoring organization's progress on implementation of CLAS.**

51 Final Thoughts

Examples of CLAS Implementation in a Public Health Agency

- State:

  - Massachusetts Department of Public Health (http://www.mass.gov/eohhs/gov/departments/dph/programs/admin/health-equity/clas/)

  - Virginia Department of Behavioral Health and Developmental Services (http://www.dbhds.virginia.gov/OHRDM-CLC.htm)

- Local:

  - Suffolk County (NY) Department of Health Services (http://www.suffolkcountyny.gov/Departments/HealthServices/HealthCommissioner/OfficeofMinorityHealth.aspx)

    (http://www.naccho.org/topics/modelpractices/database/practice.cfm?PracticeID=528)

  - San Francisco (CA) Department of Public Health (http://www.sfdph.org/dph/comupg/aboutdph/insideDept/CLAS/CLASPolicies.asp)

  - Trumbull County (OH) Health Department (http://www.tcbh.org/pdfs/2014%20CLAS%20Self%20Assessment.pdf)

Massachusetts Department of Public Health

- Established CLAS Initiative Subcommittees (http://www.mass.gov/eohhs/gov/departments/dph/programs/admin/health-equity/clas/initiative-committees.html)

- Established Department Standards for Collection of Race, Ethnicity, and Language Data (http://www.mass.gov/eohhs/docs/dph/health-equity/race-ethnicity-language-data.pdf)

- Developed a Language Access Plan (http://www.mass.gov/eohhs/docs/dph/health-equity/language-access-plan.pdf)

- Developed a Web-based CLAS training series for staff (http://www.mass.gov/eohhs/gov/departments/dph/programs/admin/health-equity/clas/training-series.html)

- Developed a CLAS Assessment Tool for programs in Dept. (http://www.mass.gov/eohhs/docs/dph/health-equity/clas-self-assessment-tool.pdf)

- Integrated CLAS into Dept.'s contracting systems (http://www.mass.gov/eohhs/gov/departments/dph/programs/admin/health-equity/clas/request-for-responses.html)

Suffolk County (NY) Department of Health Services

- Completed a series of self-assessment surveys at each of 8 affiliated community health centers.

- Incorporated CLAS language into Department mission statement and process for development of policies and procedures.

- Distributed information about the CLAS Standards to 1,500 Department employees.

- Informed the Department's new hires about the CLAS Standards during employee orientation.

- Included workforce diversity and cultural competency training in the Department's Strategic Plan.

- Created a CLAS Leadership and Implementation Team to provide input in activities.

- Conducted health disparities and cultural competency workshops with all leadership and staff at the 8 affiliated community health centers.

- Provided formal medical interpreter training for bilingual staff.

Source: National Association of County and City Health Officials. *Model Practice Database (2009)*: http://www.naccho.org/topics/modelpractices/database/practice.cfm?PracticeID=528

Feedback & Closing

QUESTIONS

Reference Documents

- American Hospital Association. "Leadership Strategies: Does your hospital reflect the community it serves?" (2004). http://www.aha.org/content/00-10/diversitytool.pdf

- American Medical Association. "Health Disparities." Presentation (2007). http://www.ama-assn.org/resources/doc/mss/ph_disparities_pres.pdf

- Institute for Diversity in Health Management and the Health Research & Educational Trust. "Becoming a Culturally Competent Health Care Organization." (2013). *http://www.hpoe.org/Reports-HPOE/becoming_culturally_competent_health_care_organization.PDF*

- Massachusetts Department of Public Health. "Making CLAS Happen" (2013). http://www.mass.gov/eohhs/gov/departments/dph/programs/admin/health-equity/clas/making-clas-happen.html

- Smedly BD et al. "Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care." Institute of Medicine (2002). http://www.iom.edu/Reports/2002/Unequal-Treatment-Confronting-Racial-and-Ethnic-Disparities-in-Health-Care.aspx

- U.S. DHHS, Agency for Healthcare Research and Quality. "National Healthcare Disparities Report." (2012). http://www.ahrq.gov/research/findings/nhqrdr/index.html

- U.S. DHHS, Office of Minority Health. "CLAS and the CLAS Standards." https://www.thinkculturalhealth.hhs.gov/Content/LegislatingCLAS.asp

Additional Resources

- **Office of Minority Health Resource Center, U.S. Department of Health and Human Services**
    - Web: https://minorityhealth.hhs.gov/
    - Phone: 1-800-444-6472

- **Think Cultural Health, U.S. Department of Health and Human Services, Office of Minority Health**
    - Web: https://www.thinkculturalhealth.hhs.gov/

- **The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care , U.S. Department of Health and Human Services**
    - Web: https://www.thinkculturalhealth.hhs.gov/Content/clas.asp

- **Office of Minority Health and Health Equity, Virginia Department of Health**
    - Web: http://www.vdh.virginia.gov/OMHHE/index.htm
    - CLAS Act Virginia: http://www.vdh.virginia.gov/ohpp/CLASact/default.aspx

- **Office of Cultural and Linguistic Competence, Virginia Department of Behavioral Health and Developmental Services**
    - Web: http://www.dbhds.virginia.gov/2008CLC/OHRDM-CLC-Training.htm

Additional Resources (cont'd)

- **Maryland Office of Minority Health and Health Disparities, Cultural Competency Initiative**
  - Web: http://dhmh.maryland.gov/mhhd/SitePages/Cultural%20And%20Linguistic%20Competency.aspx

- **Maryland Cultural Competency Technical Assistance Resource Kit** (listing of local consultants)
  - Web: http://dhmh.maryland.gov/mhhd/SitePages/cultural-competency-trainings.aspx

- **Primer on Cultural Competency and Health Literacy**
  - Web: http://dhmh.maryland.gov/mhhd/CCHLP

- **The Herschel S. Horowitz Center for Health Literacy, University of Maryland**
  - Web: http://www.healthliteracy.umd.edu/
  - Phone: 301-405-2356

Contacts

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Website:
http://www.vdh.virginia.gov/OMHHE/index.htm
Health Equity Matters Blog:
http://healthequitymatters.blogspot.com/

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